



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
 ATTN: DATA EXCHANGE SERVICES MS A-10  
 PO BOX 1468  
 SACRAMENTO CA 95812-1468  
 (916) 845-3778

**Filing Application**  
 For first time filers on cartridge,  
 CD or diskette.

**Application is hereby made to transmit annual 1098/1099/5498/W-2G information returns to Franchise Tax Board.**

Name of Firm (Transmitter):		Date: / /
Address:		Federal Employer Identification Number: -
City, State and ZIP Code:		Reporting will begin with Tax Year: _____
Contact for Technical Information (Name):	Title:	Telephone (Area Code & Ext.) ( ) - -

**REPORTING INFORMATION**

Please indicate the document type(s) you plan to file on cartridge, diskette, or CD.

1098       1099       5498       W-2G

Do you plan to act as a transmitter for other Payers?

Yes       No

**MEDIA PREFERENCE**

CARTRIDGE       CD       DISKETTE

**NOTE:** 4mm or 8mm cartridges, and 9-track tape reels are not acceptable.

**AUTHORIZED REPRESENTATIVE OF ORGANIZATION REQUESTING APPROVAL**

Name (Type or Print):	Title:
Signature:	Date:

**Note: This completed form can be faxed to:      Data Exchange Services  
 (916) 845-5550**